



I have received HBV training and I have had an opportunity to ask questions and understand the benefits and risks of hepatitis B vaccination. I understand that I must have three doses of the vaccine to confer immunity. However, as with all medical treatment, there is no guarantee that I will not experience an adverse side effect from the vaccine. I request that it is given to me. I understand fully the risks involved in receiving the vaccine and choose to assume that risk. I fully release and discharge DCS from any liability for illness, injury, loss or damage, which may result therefrom.

### Vaccinations

Date Vaccinated
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Lot Number

Name

Social Security Number

Location/Facility

Patient Signature

Date

Witness

Cc: Employee OSHA File  
Attending Physician



Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution:

CS-0373

Rev: 10/16

